

## Multiple Support Declaration

► **Attach to Form 1040 or Form 1040A.**

OMB No. 1545-0071

Attachment  
Sequence No. **114**

Name(s) shown on return

Your social security number

During the calendar year \_\_\_\_\_, the eligible persons listed below each paid over 10% of the support of:

\_\_\_\_\_  
Name of qualifying relative supported

I have a signed statement from each eligible person waiving his or her right to claim this qualifying relative as a dependent for any tax year that began in the above calendar year.

\_\_\_\_\_  
Eligible person's name

\_\_\_\_\_  
Social security number

\_\_\_\_\_  
Address (number, street, apt. no., city, state, and ZIP code)

\_\_\_\_\_  
Eligible person's name

\_\_\_\_\_  
Social security number

\_\_\_\_\_  
Address (number, street, apt. no., city, state, and ZIP code)

\_\_\_\_\_  
Eligible person's name

\_\_\_\_\_  
Social security number

\_\_\_\_\_  
Address (number, street, apt. no., city, state, and ZIP code)

\_\_\_\_\_  
Eligible person's name

\_\_\_\_\_  
Social security number

\_\_\_\_\_  
Address (number, street, apt. no., city, state, and ZIP code)